

REPLIES FOR 6TH MAY WEBINAR (FROM DR. KHERA)

S.No.	Name	Question	Reply
1	Silke Mader	Does a patient advocacy group of affected parent exist in India or in a part of India. If now, how can we get a patient advocacy organization in your country.	Yes, currently there are several patient advocacy group dealing with specific conditions. BPNI for promoting breast feeding, Neural tube defect prevention group etc
2	Ajitkumar Sudke	Private sector plays an important role in level III and level II care, however there is no sharing of data by the private sector, how is the MOHFW planning to include private sector reporting?	The process of online reporting from Level 2/3 units in private sector has begun using the existing SNCU reporting mechanism. Some states like Gujarat, Delhi have taken up the initiative on their own. UNICEF along with NNF is taking the agenda forward
3	zewditu Kebede Tessema	what is the Special NCU online and how is it implemented?	The service utilization from SNCUs is captured through a software for online reporting mechanism providing access to real time data
4	Huy Du Nguyen	How can you ensure zero separation of mother and newborn in C-section	Pilots test at tertiary care units for feasibility of zero separation in C-Section has been conducted and same is being suggested to health care providers across the country
5	Edith Gicheha	He mentioned corticosteroids are given between 24-34 weeks. Why are they not giving upto 37weeks?	The guidelines were released in 2015 based on then existing evidence of ACT trial 1 and WHO guidelines for Preterm Care. Will be updated following the ACT Trial 2 results
6	katie james	It is interesting to hear about the breastfeeding comprehensive units to establish increased access to pasteurised donor human milk (PDHM), could you also explain what measures are being put in place to increase early volumes of own mother's milk which can be used before needing to use PDHM	Following measures are in place: <ul style="list-style-type: none"> <li>• Counselling during Antenatal period and addressing challenges like inverted nipple etc</li> <li>• Zero separation of mother and baby</li> <li>• Feeding adlib and even during night</li> <li>• Breast feeding support for manual/mechanical expression of milk</li> <li>• Mother to hold the baby / Non-nutritive sucking/ KMC</li> </ul>
7	Zulfiqar Bhutta	Liked to hear more about safe transportation systems in rural India? Also how have strategies been implemented in urban slums?	Erstwhile NRHM is now NHM – National Health Mission which includes the Urban component as well. National ambulance Services has nearly 30,000 dedicated ambulances across the country ( 102 – regular ,108 – ALS with trained EMT) and provision of transport incubator at SNCU. These ambulances are all GPS fitted to track their location
8	Chinyere Ezeaka	kindly throw more light on how funding and ownership for the SCBUs was achieved by the Federal Ministry of Health across the country.	Funding and ownership to SCBUs was ensured as states find value addition in this strategy and saw feasibility of its implementation through initial pilot testing
9	Ajitkumar Sudke	How is the Ministry planning to link FBNC to ECD (Early childhood development) in the 1000 days approach	Reducing separation of mother and newborn, FPC, developmentally supportive care in SNCUS- bundling of activities, reducing the effect of lights, sound, pain stress etc. Using MCP card as a tool for empowering parents
10	Ibrahim Kirunda	How do you facilitate the ASHA team visiting the new born babies	Capacity building of ASHA is institutionalized through ASHA resource centres -trainings, supportive supervision, mentoring and provision of ASHA KIT for facilitating incentivized scheduled Home visits

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11	Madeline Vaughan	if providers receive ongoing training after the initial 14days package?  What is the criteria for selecting the ASHA?	An institutional mechanism of national/regional & state centres as training hubs established for quarterly mentoring and supportive supervision  Accredited Social health Activist(ASHA) is selected as: primarily a woman with formal education up to Eighth Class in the age group of 25 to 45 yrs, resident of the village having effective communication skills, leadership qualities and be able to reach out to the community.
12	angela anene OKOLO	Do all Newborn care units in India admit mothers and babies?	This has begun now at all high case load facilities in first phase. Entitlements of zero expense exists for pregnant mother from antenatal to post natal period.